



Montana E-File 2003 Test Packet

Montana Test 10

Based on Federal Test 20

Forms: Form 2, Form 2a (itemized deductions), Form 2EC

Return Status: Refund

Name and SSN: Livingwaters, Test T 400-00-6813 (primary)
Livingwaters, Isabel 400-00-6813 (spouse)

Address: 4013 Hwy 200
Thompson Falls, MT 59873

Filing Status: (2) Married filing joint return

Residency: Full year resident

Exemptions: Total (5) - 1 regular, 1 65 or over and 1 blind (primary)
1 regular and 1 65 or over (spouse)

Deduction: Itemized

Adj. Federal AGI: \$1,800 Medical Savings Account, line 31

Other: \$5 contribution to non-game wildlife
\$5 contribution to agriculture in schools
\$5 contribution to child abuse prevention

2003 Montana Individual Income Tax Return Form 2

03

or Fiscal year beginning _____, 2003 and ending _____, 2004.

| | | | | | | |
|--|---|--|---|--|---|---|
| Last Name Livingwaters | | First Name and Middle Initial Test T. | | <input type="checkbox"/> Deceased | Social Security No. 400 00 6813 | |
| Spouse's Last Name if Different Livingwaters | | Spouse's First Name and Middle Initial Isabel H. | | | Spouse's Social Security No. 400 00 6814 | |
| Mailing Address 4013 HWY 200 | | City Thompson Falls | | State MT | | Zip Code+4 59873 |
| Filing Status Check One | <input type="checkbox"/> 1. Single | <input checked="" type="checkbox"/> 2. Married filing joint return | <input type="checkbox"/> 3. Married and both filing separate returns on this form | <input type="checkbox"/> 4. Married and both filing separate returns on separate forms | <input type="checkbox"/> 5. Married filing separate return and spouse is not filing | <input type="checkbox"/> 6. Head of Household (see instructions) |
| Residency Check One | <input checked="" type="checkbox"/> 1. Resident Full Year | <input type="checkbox"/> 2. Nonresident Full Year | <input type="checkbox"/> 3. Resident Part Year | Give date of change month _____ year _____ | | State moved to: _____ State moved from: _____ |
| Exemptions | | | | Column A (for single joint, separate, or head of household) | | Column B (for spouse only when filing separate, and box 3 is checked) |
| Regular <input checked="" type="checkbox"/> 65 or Over <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> | | | | | | |
| 1. Yourself <input checked="" type="checkbox"/> Enter number checked | | | | <input type="checkbox"/> 3 | | 1. |
| 2. Spouse <input checked="" type="checkbox"/> Enter number checked | | | | <input type="checkbox"/> 2 | | 2. <input type="checkbox"/> 2. |
| 3. Dependents | | | | <input type="checkbox"/> 3. | | <input type="checkbox"/> 3. |
| Do not claim yourself or spouse | | | | <input type="checkbox"/> 4. | | <input type="checkbox"/> 4. |
| 5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions)..... | | | | Total Exemptions <input type="checkbox"/> 5 | | <input type="checkbox"/> 5. |

Enter amounts reported on federal return

6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states 6.
7. Taxable interest income Attach Federal Schedule if over \$1,500 7.
8. Dividend income Attach Federal Schedule if over \$1,500 8.
9. Net business income (loss) Attach Federal Schedule C or C-EZ 9.
10. Capital gain (or loss) Attach Federal Schedule D 10.
11. Supplemental gains (or losses) Attach Federal Form 4797 11.
12. Rents, royalties, partnerships, estates, trusts, etc. Attach Federal Schedule E and Form 8582 and all K-1's 12.
13. Total IRA distributions a. 13b. Taxable amount } Attach all 13b.
14. Total pensions and annuities a. 14b. Taxable amount } 1099R's 14b.
15. Social security benefits a. 15b. Taxable amount 15b.
16. Net farm income (Loss) Attach Federal Schedule F 16.
17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____ 17.
18. Total of lines 6 thru 17 **Total** ⇒ 18.
19. Adjustments to income. Educator expenses _____ IRA deduction _____ Student loan interest _____ Tuition and fees _____ 1/2 SE Tax **1,211** 19.
- Moving Expenses(Attach Form 3903) _____ SE Health _____ SE SEP, SIMPLE _____
- Penalty on early withdrawal of savings _____ Alimony paid _____ Other _____
20. Federal adjusted gross income (subtract line 19 from line 18) ⇒ 20.

Note: Line 20 must match your federal adjusted gross income

Round to nearest dollar
if no entry leave blank

1,000

3,338

17,139

21,477

1,211

20,266

6.
7.
8.
9.
10.
11.
12.
13b.
14b.
15b.
16.
17.
18.
19.
20.

INCOME REPORTED FROM FEDERAL RETURN

21. Interest and dividends on state, county, or municipal bonds (Non-Montana) 21.
22. Federal income tax refunds/overpayment (see page 3, line 22 on instructions) 22.
23. Other additions, (see page 3, line 23 of instructions) 23.
- Specify _____
24. Total additions to income (add lines 21 thru 23) **Total** ⇒ 24.
25. Add lines 20 and 24, enter result ⇒ 25.

0

20,266

21.
22.
23.
24.
25.

ADDITIONS

26. Farm Risk Management Account Attach Form FRM 26.
27. Interest exclusion for elderly 27.
28. Interest exclusion for savings bonds, etc. Specify _____ 28.
29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13 29.
30. Unemployment 30.
31. Medical Care Savings Account Attach Form MSA 31.
32. Family Education Savings Account (Attach name and social security number(s) of beneficiary) 32.
33. First Time Home Buyers Account Attach Form FTB 33.
34. **NEW** Health care professional loan payment exclusion 34.
35. Other reductions (see page 5, line 35 of instructions). Specify _____ 35.
36. Total reductions to income (add lines 26 thru 35)..... **Total** ⇒ 36.
37. Subtract line 36 from line 25. Enter here and on line 38, page 2..... 37.

1,800

1,800

18,466

26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.

REDUCTIONS

MT test #10
Fed. test #20

ATTACH WITHHOLDING STATEMENTS HERE

Form 2 Page 2 - 2003 Social Security Number 400 / 00 / 6813

Column A (for single joint, separate, or head of household) Column B (for spouse only when filing separate, and box 3 is checked)

38. Montana adjusted gross income (From line 37) 38. 18,466

Deductions Check only one

39. (A) Standard deduction: (A) 39. 7,380

(B) Itemized deductions: (B) 39. 11,086

40. Subtract line 39 from 38 and enter balance. 40. 11,086

Exemptions (All filers are entitled to at least one exemption)

41. Multiply \$1,780 times the number of exemptions on line 5 41. 8,900

42. Taxable income. Subtract line 41 from line 40 42. 2,186

Nonresidents and Part-Year Residents complete and attach Schedules III and IV Form 2A, before proceeding

43. Tax from table below. Non/part year residents enter the amount from line 131, Form 2A, Schedule IV. If line 42 is less than zero, enter zero here. 43. 44

44. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972 44. 44

45. Subtotal—Add lines 43 and 44. Subtotal 45. 44

46. Credits from Form 2A, line 113, Schedule II 46. 44

47. Balance—Subtract line 46 from 45 and enter difference (but not less than zero). 47. 44

48. Recapture investment credit Attach Form RIC. 48.

49. Recapture tax and withdrawal penalties (specify) 49.

50. For each of the programs below enter any amount you and your spouse want to contribute. Enter totals in boxes (see instructions for details).

50. 15

50. 59

50. 59

54. Total Tax—Add lines 47, 48, 49 and 50. Total 54. 59

55. Combine amounts shown on line 54 columns A and B. 55. 1,000

56. Montana tax withheld. Attach withholding statements 56.

57. Payments of 2003 estimated tax and amounts credited from previous year 57.

58. Payment made with extension 58.

59. Elderly Homeowner/ Renter Credit Attach Form 2EC 59. 1,000

60. Total of lines 56 thru 59. Total 60. 1,000

61. Combine amounts shown on line 60 columns A and B. 61. 1,000

62. If line 61 is larger than line 55 enter the difference. This is your overpayment. 62. 941

63. Amount on line 62 to be applied to 2004 estimate 63.

64. Enter the amount from line 62 you want refunded to you (refunds more than \$1.00 will be issued) Refund. 64. 941

Refund Returns: Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.

RTN# ACCT#

65. If line 55 is larger than line 61 enter tax due (If you owe see instructions for this line) Tax Due 65.

Send your check or money order with payment coupon to: Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308.

If you choose to pay your tax due by credit card visit our website at www.discoveringmontana.com/revenue and enter your confirmation number here. See instructions on page 6.

Check this box if at least 2/3 of your gross income is from farming. (attach breakdown of computations) X

Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-P)

Check here if you do not need state income tax forms and instructions mailed to you next year. Tax forms are also available on the internet.

Underpayment penalty See Worksheet VII, Schedule W... 66.

Late filing penalty—See page 2..... 67.

Late payment penalty—See page 2. 68.

Interest 1% (.01) per month..... 69.

Total of lines 65 through 69..... 70.

Extension - Check this box and attach copies of federal extension(s) to receive a valid Montana extension. See Page 2 of instructions for details.

Name, address and telephone number of preparer

May the DOR discuss this return with the preparer shown above? yes no

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

X 618-555-1020 X

Your signature is required Date Daytime telephone number Spouse signature Date

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

If you electronically file, keep this form for your records (do not send to the Department of Revenue).

Tax Table

If Taxable Income is:

| Over | But not over | Multiply by | and Subtract = Tax |
|-----------|--------------|-------------|--------------------|
| \$ 0 | \$ 2,200 | X ... 2 % | \$ 0 |
| \$ 2,200 | \$ 4,400 | X ... 3 % | \$ 22 |
| \$ 4,400 | \$ 8,900 | X ... 4 % | \$ 66 |
| \$ 8,900 | \$ 13,300 | X ... 5 % | \$ 155 |
| \$ 13,300 | \$ 17,800 | X ... 6 % | \$ 288 |

If Taxable Income is:

| Over | But not over | Multiply by | and Subtract = Tax |
|-----------|--------------|-------------|--------------------|
| \$ 17,800 | \$ 22,200 | X ... 7 % | \$ 466 |
| \$ 22,200 | \$ 31,100 | X ... 8 % | \$ 688 |
| \$ 31,100 | \$ 44,500 | X ... 9 % | \$ 999 |
| \$ 44,500 | \$ 77,800 | X ... 10 % | \$ 1,444 |
| \$ 77,800 | | X ... 11 % | \$ 2,222 |

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax

Page 1 2003

Form 2A

MONTANA

Last Name and Initial

Social Security Number

Schedule I — Itemized Deductions

71. Medical insurance premiums not deducted on lines 19, 35 or 75..... 71.
Do not include pre-tax payroll deductions or employer paid premiums.

780

71.

72. Medical expenses. See instructions..... 72.
73. Enter 7.5% (.075) of line 38, Form 2..... 73.
74. Subtract line 73 from line 72. If less than zero, enter zero.
Deductible medical and dental expenses..... 74.
75. Long term care insurance..... 75.

Column A Column B

1,385

Round to nearest dollar

3,600

74.

75.

Federal Income Tax (Amounts attributable to self employment tax are not deductible).

76a. 2003 federal tax withheld from wages, pensions and annuities. Attach W-2's and 1099's..... 76a.
b. Federal estimated tax payments made in 2003. Attach copies of pages 1 and 2 of federal tax return (Form 1040 or 1040A)..... 76b.
77. Balance of 2002 tax paid in 2003..... 77.
78. Additional federal tax for year(s) paid in 2003..... 78.
79. **NEW** Less 2003 federal advance child credit.... 79.

Column A Column B

3,000

80. Total 2003 federal tax deduction - add lines 76a, 76b, 77, and 78, then subtract line 79. Cannot be less than zero..... 80.
81. Real estate personal property taxes..... 81.
82. Motor vehicle(s) taxes, other deductible taxes..... 82.
83. Home mortgage interest..... Deductible points.....
If paid to the person from whom you bought the home, please provide person's name, address and social security #.....

3,000

80.

81.

82.

84. Deductible investment interest Attach Federal Form 4952 84.
85. Contributions 85.
86. Child and dependent care expense ... Attach Montana Form 2441M 86.
87. Casualty and theft losses..... Attach Federal Form 4684 87.

88. Unreimbursed employee business expense
Attach Federal Form 2106..... 88.
89. Other expenses (list type and amount)..... 89.
90. Add lines 88 and 89..... 90.
91. Enter 2% (.02) of line 38 Form 2..... 91.

Column A Column B

369

92. Subtract line 91 from line 90. If less than zero, enter zero..... 92.
93. Misc. deduction not subject to 2% A.G.I. (list type and amount)..... 93.

94. Gambling losses (as allowed by federal law)..... 94.

95a. Add lines 71, 74, 75, 80-87, 92-94. Enter result here..... **Total** 95a.
If the amount on Form 2, line 38 is more than \$139,500 (more than \$69,750 if you are married filing separately) continue to line 95b, otherwise transfer the amount on line 95a to line 39 of Form 2.

7,380

95a.

95b. Enter the amount from line 9 of the Itemized Deduction Worksheet VI on page 14. This is the amount of your unallowable itemized deductions..... 95b.

96. Subtract line 95b from line 95a. This is the amount of your allowable itemized deductions. Enter here and on line 39 of Form 2..... **Total** 96.

95b.

96.

Attach this form to your tax return. If you electronically file, keep this form for your records (do not send to the Department of Revenue).

2003 Elderly Homeowner/Renter Credit

File on or before April 15, 2004, or with your Form 2 or 2S

MONTANA
2EC
Rev. 8-03

Please follow instructions on the back when completing this form

Return will not be processed without a copy of your 2003 property tax bill or signed rent receipt(s)
Please attach tax bill or rent receipts to this form

Part I

| | | |
|--|--|---|
| Last Name Livingwaters | Your First Name & Middle Initial Test T. | <input type="checkbox"/> Deceased Social Security No. 400 00 6813 |
| Spouse's Last Name if Different Livingwaters | Spouse's First Name & Middle Initial Isabel H. | <input type="checkbox"/> Deceased Spouse's Social Security No. 400 00 6814 |
| Mailing Address 4013 HWY 200 | City Thompson Falls | State MT |
| | | Zip Code+4 59873 |

If you are filing this form on behalf of a deceased taxpayer, provide the date of death. _____

Part II - If the answer to any of the questions below is no, you are not eligible for the credit. Do not complete this schedule.

| | | | |
|--|---|--|---|
| ➤ Were you age 62 or older as of December 31, 2003? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | ➤ Did you occupy Montana residence(s) as an owner or renter a total of 6 months or more during 2003? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| ➤ Did you reside in this state for 9 months or more during 2003? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | ➤ Was your total gross household income less than \$45,000 in 2003? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Part III - List taxable and nontaxable income received from all members of the household.

| | |
|--|-------------------|
| 1. Enter total income received from wages, fees, bonuses, all capital gains, ordinary income, dividends and interest Do not include any losses | 1. 4,338 |
| 2. Enter total income from business, partnerships, rents, royalties, etc. Do not include any losses | 2. 17,139 |
| 3. Enter any payments and interest on federal, state, county and municipal bonds | 3. _____ |
| 4. Enter alimony, public assistance, unemployment, tax refunds, state, federal and 2EC (etc.) | 4. _____ |
| 5. Enter all pensions, annuities, and IRA's including Railroad Retirement, PERS, Veteran's Disability, all social security income except social security paid directly to a nursing home | 5. 2,200 |
| 6. Total income - add lines 1 through 5. If greater than \$45,000, stop here you do not qualify Total | 6. 23,677 |
| 7. Standard exclusion..... | 7. (6,300) |
| 8. Total household income - subtract line 7 from line 6 (if less than zero, enter zero) Total | 8. 17,377 |

Part IV - Homeowners complete line 9; Renters complete line 10 and line 11

| | |
|---|-------------------|
| 9. Enter all 2003 property taxes, fees, special assessments, and SIDs billed on residence and land not to exceed 1 acre. See instructions. | 9. 2,400 |
| 10. Enter rent paid on residence in 2003 (attach signed rent receipts)..... | 10. _____ |
| 11. Rent equivalent - multiply line 10 by 15% (.15) | 11. _____ |
| 12. Total of allowable property tax and/or allowable rents paid (line 9 for homeowners; line 11 for renters) | 12. 2,400 |
| 13. Total household income from line 8 | 13. 17,377 |
| 14. Enter multiplier figure from table on reverse side | 14. .050 |
| 15. Net allowable household income - multiply line 13 by line 14 | 15. 869 |
| 16. Subtract line 15 from line 12. If zero or less, you cannot take the credit; do not file this form..... | 16. 1,531 |
| 17. First, enter the amount from line 16 or \$1,000, whichever is smaller (the maximum credit is \$1,000)..... | 17. 1,000 |
| ➤ Then, if line 6 is \$35,000 or less, enter the amount from line 17 on line 19 (skip line 18). | |
| ➤ If line 6 is more than \$35,000, complete lines 18 and 19 below. | |
| 18. Enter the percentage amount from the table below that corresponds to the amount reported on line 6..... | 18. _____ |

| | | | |
|---|---|---|---|
| The amount on line 6 is between: | Your allowable credit percentage is: | The amount on line 6 is between: | Your allowable credit percentage is: |
| \$35,000 - \$37,500 | 40% (.40) | \$42,501 - \$44,999 | 10% (.10) |
| \$37,501 - \$40,000 | 30% (.30) | \$45,000 - or more | 0% |
| \$40,001 - \$42,500 | 20% (.20) | | |

| | |
|--|------------------|
| 19. Multiply the amount on line 17 by the percentage from line 18. This is your allowable Homeowner/Renter Credit..... | 19. 1,000 |
|--|------------------|

➤ If you file a Montana income tax return using Form 2 (long form), enter the amount from line 19 on line 59 of Form 2.
➤ If you file a Montana income tax return using Form 2S (short form), enter the amount from line 19 on line 33 of Form 2S.
➤ If you are not required to file either Form 2 or Form 2S, mail this form to: Montana Department of Revenue, PO Box 6577, Helena MT 59604-6577.

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on back of this form.

NEW

RTN# _____ ACCT# _____

Checking ☐
Savings ☐



I declare under penalty of false swearing that the information in this return and attachment is true, correct and complete.

Your Signature is Required _____ Date _____ Telephone Number _____ Spouse's Signature _____ Date _____ 103

Attach this form to your tax return. If you electronically file, keep this form for your records (do not send to the Department of Revenue).